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| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | 1. REQUISITION NO. 4200073970 | | PAGE 1 OF 80 | |
| 2. CONTRACT NO. | | 3. AWARD/EFFECTIVE DATE | | 4. ORDER NO. | | 5. SOLICITATION NO. NNJ04073970R | |
| 6. SOLICITATION ISSUE DATE 11/29/04 | | | | | | | |
| 7. FOR SOLICITATION INFORMATION CALL | | 7a. NAME Michal K. Malik | | | | 7b. TELEPHONE NO. (505) 524-5220 | |
| | | | | | | 8. OFFER DUE -DATE/LOCAL TIME 1/13/05 16:00 MST | |
| 9. ISSUED BY NASA JSC White Sands Test Facility RE/Administration Office P.O. Box 20 Las Cruces, NM 88004 | | CODE RE | | 10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input checked="" type="checkbox"/> SET ASIDE 100 % FOR <input type="checkbox"/> SMALL BUSINESS <input checked="" type="checkbox"/> HUBZONE SMALL BUS <input type="checkbox"/> 8(A) NAICS: 811191 SIZE STD: \$6M | | 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE <input checked="" type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | |
| | | | | | | 12. DISCOUNT TERMS | |
| | | | | | | 13b. RATING DO-C9 | |
| | | | | | | 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP | |
| 15. DELIVER TO See Block 9 | | CODE | | 16. ADMINISTERED BY See Block 9 | | CODE | |
| | | | | | | | |
| 17a. CONTRACTOR/OFFEROR | | CODE | | 18a. PAYMENT WILL BE MADE BY NASA JSC White Sands Test Facility RE/Administration Office/Patsy Segura P.O. Box 20 Las Cruces, NM 88004 | | CODE RE | |
| | | FAC. CODE | | | | | |
| <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER | | 18b. SUBMIT INVOICES TO ADDRESS SHOW IN BLOCK 18a UNLESS BLOCK ON RIGHT IS CHECKED | | | | <input type="checkbox"/> SEE ADDENDUM | |
| 19. ITEM NO. | | 20. SCHEDULE OF SUPPLIES/SERVICES (attach additional sheets if necessary) | | 21. QUANTITY | | 22. UNIT | |
| | | | | | | 23. UNIT PRICE | |
| | | | | | | 24. AMOUNT | |
| | | See Section B.3 Proposal Schedule Description and Section C.2 Statement of Work | | | | | |
| | | | | | | | |
| 25. ACCOUNTING AND APPROPRIATION DATA | | | | 26. TOTAL AWARD AMOUNT (Govt Use Only) | | | |
| | | | | | | | |
| <input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | | | | | | | |
| <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | | | | | | | |
| <input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 3 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. | | | | <input type="checkbox"/> 29. AWARD OF CONTRACT: REFERENCE OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: | | | |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR | | | | 31a. UNITED STATES OF AMERICA (Signature of Contracting Officer) | | | |
| 30b. NAME AND TITLE OF SIGNER (Type or Print) | | 30c. DATE SIGNED | | 31b. NAME OF CONTRACTING OFFICER (Type) | | 31c. DATE SIGNED | |
| | | | | | | | |

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES (attach additional sheets if necessary) | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|-----------------|--|-----------------|-------------|-------------------|---------------|
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32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED

| | | |
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| 32b. SIGNATURE OF AUTHORIZED GOVT REPRESENTATIVE | 32c. DATE | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |
|--|-----------|---|

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| 32e. MAILING ADDRESS OF AUTHORIZED GOV'T REPRESENTATIVE | 32f. TELEPHONE NO. OF AUTHORIZED GOV'T REPRESENTATIVE |
| | 32g. EMAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE |

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|---|-----------------|---------------------------------|---|---------------|
| 33. SHIP NO. | 34. VOUCHER NO. | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT | 37. CHECK NO. |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | | <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | |

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| 38. S/R/ACCOUNT NO. | 39. VOUCHER NO. | 40. PAID BY |
|---------------------|-----------------|-------------|

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| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT | 42a. RECEIVED BY (Print) |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 42b. RECEIVED AT (Location) |
| 41c. DATE | 42c. DATE REC'D |
| | 42d. TOTAL CONTAINERS |

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| | 2. CONTRACT NO. | 4. ORDER NO. |
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